

Credential Application

Safety and Buildings Division
201 W. Washington Avenue
P.O. Box 7082
Madison WI 53707-7082
Phone (608) 261-8500
TDD #: (608) 264-8777
7:45 a.m. - 4:30 p.m.
www.commerce.state.wi.us

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

**THE CREDENTIAL WILL NOT BE
PROCESSED UNLESS YOU :**

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

Instructions: Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application.** The applicant's social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

Applicant's Signature	Date (mo/day/yr)
Applicant Information	
Applicant's Social Security No:	
Applicant's Name (First, Middle and Last):	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	
If Available, Fax No. (include area code):	
If Available, Internet Address:	

WELD TEST CONDUCTORS-PHYSICAL CERTIFICATION

Exam Fee (nonrefundable): \$20.00 **class code 8258**

Make checks payable to: Safety and Buildings Division. When the exam is passed, the applicant will be asked to pay a \$80 credential fee. The credential, which will be issued after the exam is passed and the prorated credential fee paid, will be effective for 4 years from the date of issuance. Applications may be hand delivered to 201 W. Washington Ave, Fourth Floor, Madison, WI between the hours of 7:45 a.m. and 4:30 p.m., Monday through Friday.

New Comm 5 Changes affecting your license: Rule revisions effective August 1, 2004, adjusted the length of terms for some Safety and Buildings Division credentials. Fees were not increased nor were continuing education requirements increased, but were adjusted accordingly to reflect the longer license cycle. The total renewal fee and the required continuing education hours changed as the credentials went from two- or three-year terms to four-year terms. For specific code language, see Comm 5.06 (online at <http://www.commerce.state.wi.us/SB/SB-DivCodesListing.html>).

Reason for Credential: No person may conduct welding tests for the purpose of qualifying structural welders under s. Comm 5.34 unless the person holds a credential issued by the department as a certified weld test conductor-physical.

Requirements of Credential: A person who conducts welding tests for qualifying structural welders under s. Comm 5.34 as a certified weld test conductor-physical shall:

- I. Ensure that the welding tests, the testing facilities and testing equipment conform with the appropriate standard or standards of:
 - A. American Welding Society D 1.1, section 4, part C.
 - D. American Welding Society D 1.3, section 4, part C.
- II. Provide to each structural welder who passes a qualifying welding test, documentation in a format specified by the department, indicating the welding procedures for which qualified; and
- III. Maintain a record of those individuals who passed a structural welding qualifying test including the procedures for which qualified for at least 4 years after the date of the test and present upon request to the department or its representative such records.

A person who holds the credential shall carry on his or her person the credential issued by the department while performing or conducting the activity or activities permitted under the credential.

Note the documentation in a format specified by the department consists of the following two forms:

- “Evidence of Completion of Structural Steel Welding Tests” - Weld test conductors are responsible for their own supplies of this form. The form may be photocopied by certified weld test conductors. “Evidence of Completion of Structural Steel Welding Tests” must be filled out by the weld test conductor and given to any person who passes the specified structural steel welding tests. This form may only be filled out for structural steel welding tests.
- “Structural Steel Welding” - Weld test conductors are responsible for their own supplies of this form. The form may be photocopied by certified weld test conductors. It is suggested that this form be photocopied or directly printed on to heavy stock paper. “Structural Steel Welding” must be filled out by the weld test conductor. The top portion is to be retained by the weld test conductor and the bottom portion given to any person who passes the specified structural steel welding tests. This form may only be filled out for structural steel welding tests.

Qualifications for Examination: In order to obtain the credential the applicant must obtain a score of at least 70% on an examination. The exam will cover information contained in AWS standards D1.1 and D1.3, of the American Welding Society, and welding procedures, procedure qualification, welder qualification, destructive and non-destructive testing, basic metallurgy and welding specification symbols. You are allowed to bring to the exam site the AWS Standard D1.1, Structural Welding Code – Steel, AWS Standard D.1.3, Structural Welding – Sheet Steel, and Comm 5, Licenses, Certifications and Registrations. Copies of current Wisconsin Administrative Code books may be obtained from Document Sales @ (608) 266-3358 or @ (800) 362-7253. AWS standards may be ordered from the American Welding Society @ (800) 334-9353.

To schedule an exam:

- In the table below circle the month you would like to take the exam and the city in which you would like to take the exam. Record a telephone number where you can be reached during the day in case the exam center is filled for that date. The department will attempt to call and offer exams at available sites or dates.
- Submit the **FEE AND THIS APPLICATION** with the month and city circled for the exam to the division **at least 30 days in advance of the exam date chosen**. Note you may wish to keep a copy of this letter for your records.

Exam Name:	This is a 3-hour exam and will be scheduled for the p.m. [<input type="checkbox"/>] a.m. session (7:15) or [<input type="checkbox"/>] p.m. session 11:45
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Circle the exam location of your choice below.

Then below the location, circle the day you would prefer to take the exam.

Wausau All Categories	Black River Falls No Soil Testers	Madison All Categories	Pewaukee No Soil Testers
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2004 Exam Schedule

	August 5	August 10	August 17
September 14		September 28	September 21
	October 7	October 12	October 19
November 9		November 16	November 23
		December 14	December 21

2005 Exam Schedule

<i>LA CROSSE Days Inn and Conference Center 101 Sky Harbour Dr 608-783-1000</i>	<i>GREEN BAY Regency Suites Hotel 333 Main St 920-432-4555</i>	<i>MADISON Sheraton Inn 706 John Nolen Dr 608-251-2300</i>	<i>PEWAUKEE Waukesha County Technical College WCTC 800 Main St 262-695-3474 No Soil Testers</i>	<i>HAYWARD Hayward Inn & Suites 10290 Hwy 27 S (715) 634-4100</i>
	January 4	January 11	January 19 Wednesday	
February 8		February 15	February 22	
	March 9 Wednesday	March 15	March 22	March 30
April 5		April 12	April 19	
	May 11 Wednesday	May 24	May 17	
June 7		June 22 Wednesday	June 14	June 29
	July 12	July 26	July 19	
August 9		August 23	August 16	
	September 13	September 27	September 20	
October 25		October 11	October 18	October 5
	November 8	November 22	November 15	
		December 13	December 6	

Day phone number:

A letter confirming the exact date, time and location will be sent to you.

EVIDENCE OF COMPLETION OF STRUCTURAL STEEL WELDING TESTS

ATTACH THIS DOCUMENT TO ONE OF THE FOLLOWING:

1. Application for Welder Registration; or
2. Renewal application for Welder Registration

If this document is sent to the department, but is not attached to the application for welder registration or a renewal application for welder registration the department will not process the application. This document will not be returned to the applicant. It is suggested the applicant make a photocopy of this document.

Welder Registrations are only required by the Division of Safety and Buildings for Structural Steel Welding done under ss. Comm 61 to 65. Initial applications for Welder Registration may be obtained by calling the Customer Service Center @ (608) 261-8500. Renewal applications for Welder Registration are sent out approximately 30 days prior to the expiration date of the existing credential. In order to qualify for the welder registration credential the department must received the application or renewal application within one year of passing the test.

The rest of this document is to be filled out by the Certified Weld Test Conductor-Physical or Certified Weld Test Conductor-Radiographic.

Weld Test Conductor Information

Weld Test Conductor's Signature	Credential Type	Credential Number of Conductor	Expiration Date
	Weld Test Conductor-Physical		
	Weld Test Conductor-Radiographic		

Information on Person Taking the Test (please print or type):

Name of Person Taking the Test [First, Middle, Last]	Social Security No.:

Test	Date Test Passed
AWS D 1.1, section 4, part C Structural Steel Welding	
AWS D 1.3, section 4, part C Structural Steel Welding	

STRUCTURAL STEEL WELDING

Weld Test Conductor (WTC) Name:				Weld Test Conductor (WTC) Address:			
Personal Information							
Welder's Name (First, Middle, and Last):				Social Security No.:		Welder Symbol:	
Address (Street or P.O. Box):			City:		State:	Zip + 4 Code:	
Test Information							
Performance Qualification: <input type="checkbox"/> Yes <input type="checkbox"/> No				Procedure Qualification: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Name		Address		City		State	Zip + 4 Code:
Weld Procedure Specification Number:		Code Standard and Year Edition:		Welding Process:		Base Material Specification:	
Electrode Specification SFA Number:		AWS Classification:		AWS Group Number:		Current Type and Polarity:	
Thickness of Test Piece:		Tensile Strength:		Is Backing Strip Used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amperage:	
Voltage:		Fillet Weld Number of Passes:		Groove Weld Number of Passes:		Weld Progression: <input type="checkbox"/> Up <input type="checkbox"/> Down	
Flux:		Shielding Gas Mixture:		Flowrate:		Interpass Temperature:	
Qualification by Radiograph? <input type="checkbox"/> Yes <input type="checkbox"/> No		Indicate Joint Position and Type		Indicate Specimen Identification		In the blanks, briefly describe any defects revealed	
Pass or Fail							
Tensile Specimen		Width (in.)		Thickness (in.)		Area (in.)	
Ultimate Total Load (lbs)		Ultimate Unit Stress (PSI)		Character & Location of Failure			
Sample 1							
Sample 2							
Code Standard and Year		Section		Part		Paragraph Number	
Option		Test Conducted and Evaluated By (Signature of WTC)		Test Date		Expiration Date	

This certifies that: (Welder's Name)				Specification No.:		Process:		Base Material Group:		
Social Security No.:			Welder Symbol		Employer			Address, City, Zip		
Welder's Signature										
Has passed the required welder qualification test. Extent of limitations listed below and at right.					Filler Material: SFA Group			Thickness Range		
Weld Position Qualified: <input type="checkbox"/> 1-G <input type="checkbox"/> 2-G <input type="checkbox"/> 3-G <input type="checkbox"/> 4-G					Groove Limited: <input type="checkbox"/> 1-G <input type="checkbox"/> 2-G <input type="checkbox"/> 3-G <input type="checkbox"/> 4-G			Fillet Limited: <input type="checkbox"/> 1-F <input type="checkbox"/> 2-F <input type="checkbox"/> 3-F <input type="checkbox"/> 4-F		
Expiration Date					Pipe tubing: <input type="checkbox"/> Thru 4" <input type="checkbox"/> Over 4"					
Test Conducted By: (WTC Name) WTC Credential No.					Positions Qualified: <input type="checkbox"/> All Backing <input type="checkbox"/> Yes <input type="checkbox"/> No					

Above is the Certificate of Competency Structural Steel Welding card. Complete and present the card to the person who passed the weld test proof of competency.

